



A CASE STUDY ON CLIENT RESPONSIVE PROGRAMMING IN COLLABORATION WITH IRC UGANDA

ACCOUNTABILITY TO AFFECTED POPULATIONS IN DISPLACEMENT CONTEXTS AND DURING THE COVID-19 PANDEMIC

Refugee Law Initiative

The RLI is the only academic centre in the United Kingdom to concentrate specifically on international refugee law. As a national focal point for leading and promoting research in this field, the RLI works to integrate the shared interests of refugee law scholars and practitioners, stimulate collaboration between academics and non-academics, and achieve policy impact at the national and international level.

The RECAP Project

RECAP: Research capacity strengthening and knowledge generation to support preparedness and response to humanitarian crises and epidemics

RECAP is a four-year research project focusing on the health and protection sectors in humanitarian response. It conducts research and strengthens research capacity to help improve decision-making and accountability in response to humanitarian crises. It is a partnership between universities in the United Kingdom, Sierra Leone and Lebanon, along with leading humanitarian NGOs including Save the Children and the International Rescue Committee. RECAP is funded by the Global Challenges Research Fund (GCRF).

The Global Challenges Research Fund

GCRF is a £1.5 billion fund announced by the United Kingdom Government in late 2015 to support cutting-edge research that addresses the challenges faced by developing countries.

The research was approved by the School of Advanced Study's Research Ethics Committee and Research Office, University of London, and the International Rescue Committee Ethical Review Committee.

The International Rescue Committee (IRC)

The International Rescue Committee responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. In more than 40 countries and over 20 U.S. cities, our dedicated teams provide clean water, shelter, health care, education and empowerment support to refugees and displaced people.

REFUGEE LAW
INITIATIVE

SCHOOL OF
ADVANCED STUDY
UNIVERSITY
OF LONDON



**A CASE STUDY ON CLIENT RESPONSIVE PROGRAMMING
IN COLLABORATION WITH IRC UGANDA**

ACCOUNTABILITY TO AFFECTED POPULATIONS IN DISPLACEMENT CONTEXTS AND DURING THE COVID-19 PANDEMIC

ACKNOWLEDGEMENTS

The RLI would like to acknowledge the support of the IRC and IRC Uganda country programme in assisting with the coordination and implementation of this study and, in particular, Valentina Shafina and Rick Bartoldus.

Thanks and appreciation go to IRC Uganda staff who took part to this study through several encounters and email exchanges while managing service delivery during the Covid-19 global pandemic.

Finally, the RLI would also like to thank Rick Bartoldus, Caroline Lai, Nicolas Seris, Valentina Shafina, Katja Starc Card and Chloë Whitley for their inputs on the final report.

This report was written by Dr Diana Martin, Refugee Law Initiative, School of Advanced Study, University of London.

Researchers: Dr Diana Martin

Coordinators: Dr Sarah Singer and Professor David Cantor (RLI)

This project was funded by the Global Challenges Research Fund (GCRF) as part of the RECAP Project: 'Research capacity strengthening and knowledge generation to support preparedness and response to humanitarian crises and epidemics', grant number ES/P010873/1.

Cite as: Martin, D. (2021) "Accountability To Affected Populations in Displacement Contexts and During the Covid-19 Pandemic: A Case Study on Client Responsive Programming in Collaboration with IRC Uganda", Refugee Law Initiative (School of Advanced Study, University of London) in collaboration with the International Rescue Committee, London.

Cover photo: IRC staffs providing health services during the Zombo refugee influx. These clinicians screen all arrivals at the border crossing point for Covid-19. ©The International Rescue Committee.

Layout & Design: BakOS DESIGN

LIST OF ACRONYMS

AAP	Accountability to Affected Populations	OPD	Outpatient Department
BPRM	Bureau of Population, Refugees, and Migration	OPM	Office of the Prime Minister
CHS	Core Humanitarian Standards	PME	Performance and Monitoring and Evaluation
CRRF	Comprehensive Refugee Response Framework	PRoL	Protection and Rule of Law
ECHO	European Commission's Civil Protection and Humanitarian Aid Operations	RCCE	Risk Communication and Community Engagement
ERD	Economic Recovery and Development	RECAP	Research capacity strengthening and knowledge generation to support preparedness and response to humanitarian crises and epidemics
FCM	Feedback & Complaint Mechanism	RWC	Refugee Welfare Council
FGD	Focus Group Discussion	SGBV	Sexual and Gender-Based Violence
FRRM	Feedback, Referral and Resolution Mechanism	SOP	Standard Operating Procedure
GBV	Gender-Based Violence	UNHCR	United Nations High Commissioner for Refugees
GCRF	Global Challenges Research Fund	VHT	Village Health Team
GoU	Government of Uganda	VSLA	Village Saving and Loan Association
IAP2	International Association for Public Participation	WASH	Water, Sanitation and Hygiene
IEC	Information Education and Communication	WPE	Women's Protection and Empowerment
IRC	The International Rescue Committee		
HAR	Humanitarian Accountability Report		
M&E	Monitoring and Evaluation		

TABLE OF CONTENTS

LIST OF ACRONYMS	4
SUMMARY	5
Introduction and aim of the study	5
Key findings and lessons.....	7
Recommendations for the IRC and humanitarian organisations.....	10
Recommendations to foster staff's greater receptivity to Client Responsiveness	11
INTRODUCTION	12
Accountability to affected populations and community engagement: A global agenda	12
Accountability and responsiveness during the Covid-19 pandemic in Uganda.....	12
Aims and objectives of the study	13
METHODOLOGY	14
Why IRC Uganda?	14
Research methods	14
Strengths and limitations	15
IMPLEMENTING CLIENT RESPONSIVE PROGRAMMING	16
Client Responsiveness explained	16
Adopting and adapting Client Responsiveness during the pandemic.....	17
Risk Communication and Community Engagement (RCCE).....	20
INCORPORATING CLIENTS' FEEDBACK INTO PROGRAMMING	22
Using clients' feedback in ordinary times.....	22
Using clients' feedback to inform programming during the pandemic	24
CHALLENGES AND OPPORTUNITIES OF CLIENT RESPONSIVENESS	28
Challenges of applying Client Responsiveness	28
Advantages of a client-responsive approach.....	31
Learning from the pandemic	32
ENHANCING AND PROMOTING A CLIENT RESPONSIVE ORGANISATIONAL CULTURE	34
CONCLUSIONS AND RECOMMENDATIONS	36
Key take aways	36
Recommendations for the IRC and humanitarian organisations.....	37
Recommendations to foster staff's greater receptivity to Client Responsiveness	38
ENDNOTES	39

SUMMARY

INTRODUCTION AND AIM OF THE STUDY

The International Rescue Committee (IRC) asserts that **involving people affected by crises in decision-making processes makes humanitarian response more effective, relevant, timely and efficient**. As an organisation, the IRC has committed to Client Responsiveness to engage affected populations in the design and delivery of humanitarian assistance, and to become more accountable for the decisions they make.¹ The IRC considers programming to be client-responsive when staff systematically, deliberately and regularly collect, interpret and use client² feedback to inform programming decisions. Client Responsiveness also requires that staff communicate and explain to clients how their feedback has informed and shaped programming decisions and activities.

As part of a broader research collaboration between the Refugee Law Initiative (School of Advanced Study, University of London) and the IRC, **this small scale evaluation examines:**

- ➔ **how the IRC employs Client Responsiveness in its operations and programming;**
- ➔ **how a client-responsive approach is used to inform decision-making in the context of the Covid-19 pandemic;**
- ➔ **how the IRC can influence staff culture to foster greater receptivity to Client Responsiveness.**

IRC Uganda was identified as the case study

because it has been undertaking a Client Responsive approach to its programming, routinely using Client Responsiveness resources and tools. Given the impossibility of conducting face-to-face interviews or focus group discussions (FGDs) because of Covid-19-related travel restrictions and social distancing requirements, the study relies on desk-based research of IRC policies, and guidelines, and remote interviews with IRC Uganda senior members of staff working in the Health, Protection and Rule of Law (PRoL), and Women's Protection and Empowerment (WPE) programmes, and the Country Leadership Team.

Humanitarian actors have acknowledged that involving people affected by crises in the decisions affecting their lives makes the humanitarian response more relevant and efficient. Through initiatives such as the Core Humanitarian Standards on Quality and Accountability (CHS) (2014) and the Grand Bargain Participation Revolution (2016), they have committed to accountability to affected populations (AAP) by taking account of, giving account to and being held to account by people they serve. **While the report focuses on IRC Uganda's application of Client Responsiveness during the Covid-19 pandemic, key findings and lessons are relevant and applicable to other IRC country programmes, as well as other humanitarian organisations.** The report shows how humanitarian organisations can be accountable to the communities they serve even during a pandemic when engagement between humanitarian staff and clients is heavily restricted due to lockdown regulations. IRC Uganda country programme demonstrated how challenges can be overcome by adapting programming and communication channels, and by finding new and different strategies to support clients, reach remote areas and the most vulnerable people. New strategies and ways of operating can improve programming in ordinary times too.



KEY FINDINGS AND LESSONS

CLIENT RESPONSIVENESS IN PROGRAMME DECISION-MAKING

One of the key practices of Client Responsiveness, is the collection of client feedback through proactive, reactive and open channels to inform programme design and delivery.³ This helps the IRC to understand if programming is appropriate, relevant, and efficient, and to inform decision-making (see sub-section '*Client Responsiveness explained*'). While the data collected show that most IRC Uganda programming teams do collect client feedback at different stages of the programme cycle – including the critical phase of design to shape programming – and use it to inform decision making, **the degree to which clients are involved directly in decision making varies across the different sectors** (see section '*Incorporating clients' feedback into programming*').

📷 A village of the Imvepi refugee settlement, Zone 1.
© Tara Todras-Whiteall / The International Rescue Committee

A useful framework for assessing the level of participation can be found in the IAP2 Spectrum of Public Participation,⁴ which describes participatory approaches as ranging from information sharing, on the one hand, right through to clients being empowered to deliver programming themselves on the other. Both before and during the pandemic, **IRC programmes generally tended towards 'consultation'**, with few programmes directly involving clients in decision-making.

The **block farming project managed by the Economic Recovery and Development (ERD)** programme is the project that most closely seems to reach the 'collaboration' and 'empowerment' level of the IAP2 Spectrum of Public Participation, as IRC staff implement decisions taken directly by affected population (see sub-section '*Using clients' feedback in ordinary times*'). The block farming project, in

particular, shows that the assisted communities are best placed to identify needs, prioritise activities and solve problems. **Humanitarian organisations must, therefore, recognise such abilities and knowledge, and provide clients with the necessary support to facilitate the implementation of activities and programmes requested by them.**

Part of the broader challenges faced by humanitarian staff in employing client-responsive approaches, both in pandemic and non-pandemic contexts, participants agreed that **managing clients' expectations is not always easy** (see sub-section '*Challenges of applying Client Responsiveness*'). In this case closing the feedback loop and discussing with clients how their concerns have been addressed and how their feedback has been incorporated into programming is key. **Formal channels and informal discussions should be used to build a rapport with clients to explain and motivate programmatic decisions.** Client Responsiveness goes beyond the mere listening and recording of feedback. Clients should be aware of the circumstances that led to certain decisions.

ADAPTATION OF CLIENT RESPONSIVENESS DURING COVID-19 RESPONSE

Data collected demonstrate that **during the pandemic, the IRC's commitment to client consultation remained consistent.** In order to protect the communities served, **information sharing was particularly important to communicate the risks of Covid-19.** The IRC invested significant resources in risk communication and community engagement (RCCE) by expanding radio shows and Boda Boda broadcasts.⁵ **Community leaders and volunteers were key to maintain two-way communications with clients.** Through them, IRC Uganda disseminated key information on changes in service delivery and prevention. Community leaders and volunteers were also used by clients to communicate with the IRC to raise concerns over programming, their living conditions or the pandemic (see sub-section '*Risk Communication and Community Engagement (RCCE)*').

The study shows that **a client-responsive approach proves particularly instrumental to identify clients' changing needs and priorities both in pandemic and non-pandemic contexts.** Except for the suspension of community meetings and FGDs because of the ban on gatherings, all feedback channels, with due adaptations, remained open. The IRC collected client feedback remotely through safety audits, needs assessments and client satisfaction surveys and used the phone to communicate with clients, community leaders and community-based volunteers (see sub-section '*Adopting and adapting Client Responsiveness during the pandemic*').

Based on clients' feedback collected during the pandemic, programming has been re-shaped to offer more relevant assistance. Following clients' suggestions, for instance, instead of conducting family planning interventions in health facilities, the health team brought services closer to its clients in each zone of the Bidi Bidi settlement, and PRoL and WPE teams moved from material assistance to cash or money transfers that could better address clients' changed priorities (see sub-section '*Using clients' feedback to inform programming during the pandemic*').

A key lesson from this study is that **just because people prefer in-person communication, it does not mean that remote engagement cannot happen.** During the pandemic, structures to remotely reach out to communities have been consolidated. While remote communication cannot substitute in-person communication in the future, **remote engagements can be used in ordinary times to reach communities faster** to discuss changing needs with community leaders, volunteers or direct clients. This is especially useful in the context of new proposals for funding where the timeframe between the call for proposals and the submission is limited.

The pandemic offered an opportunity to further reflect on information sharing and communications between humanitarian organisations and clients both in pandemic and non-pandemic contexts. The rumour tracking initiative, in particular, allowed IRC Uganda to track rumours and misinformation around Covid-19, and develop and disseminate counter-messages to demystify misunderstandings. The pandemic context and the rumour tracking initiative made the IRC realise that **it is not only important to convey a message, but it is also crucial to ensure that the message is understood and interpreted correctly, and that it can be acted upon** (see sub-section *'Using clients' feedback to inform programming during the pandemic'*).

STAFF'S ATTITUDES AND CAPACITY TO EMPLOY CLIENT RESPONSIVENESS

Implementation of **Client Responsiveness** requires **resources in terms of staff time, data systems, training and funding** that are not always in place.

IRC Uganda managers and coordinators reported that the ability of staff to deliver Client Responsive Programming is affected by different factors. **Broader contextual issues, such as heavy workloads or stress, greatly impact staff's ability to adopt client-responsive approaches.** Humanitarian workers have to manage and cope with emotional stresses, and require support that can help them to create conditions for being empathic and client-responsive. Participants reported that during the pandemic, in particular, staff levels of stress increased due to fear of infection. While the IRC has provided support and training to help them manage their personal and professional anxieties, some participants suggested that staff may have not been able to access all necessary support during Covid-19. **Humanitarian organisations, therefore, should ensure that training and support structures remain available during pandemics and crises, and adaptable to changing contexts.**

In some cases, **the ability of staff to be client-responsive is affected by lack of training and awareness of what a client-responsive approach might entail.** In some cases, **this lack of staff training results in negative perceptions of Client Responsiveness more broadly or fear of negative feedback.** Interviewees reported that some staff may not be particularly empathic and friendly with clients, and may not believe that client feedback can really influence the quality of programming.

To address these challenges **staff socialisation and supervisory structures become crucial to understand and address fears, other barriers and demotivating factors** (e.g. lack of time, personal and professional stresses). While the IRC has mechanisms in place for staff supervision and support, senior members of staff should continue offering support and guidance on how to be client-responsive. Socialising opportunities – remote or in-person, one-to-one or group sessions – should be continued especially during the most difficult and stressful times, like a pandemic context.

CHALLENGES AND OPPORTUNITIES FOR IMPLEMENTING CLIENT RESPONSIVENESS DURING COVID-19 RESPONSE

During the pandemic, lockdown restrictions on in-person communication and the ban on gatherings affected the implementation of Client Responsive Programming. While remote communication with clients (e.g. hotlines and phones) helped the IRC to keep communication with clients open, this is not always the most appropriate approach, especially when dealing with sensitive complaints. Not all clients had access to a phone, and therefore experienced problems to communicate with the IRC.

The pandemic, therefore, showed how humanitarian organisations can make the most of remote communications by integrating them with the use of community structures (e.g. community leaders and volunteers), especially when addressing sensitive issues and special needs. Community leaders and volunteers proved invaluable as they assisted the IRC with service delivery and information sharing, continued assessing and reporting clients' changing needs and priorities by collecting clients' feedback. Most crucially, they acted as a bridge

between the IRC and clients in remote areas, and clients with special needs and in need of protection, so that further support could be provided.

If the challenges in implementing a client-responsive approach are significant, according to the staff interviewed **the outcomes of using Client Responsive Programming outweigh the difficulties**. Staff interviewed recognised that applying Client Responsiveness **has the potential to unveil fraud and corruption**, and actually **assists humanitarians in doing their job and finding better and more relevant responses** to meet clients' needs. The pandemic showed that clients' risks and priorities can suddenly change and Client Responsiveness is the best approach to capture new needs by regularly listening to clients' concerns, and to address such needs by adjusting current programming based on client feedback.

RECOMMENDATIONS FOR THE IRC AND HUMANITARIAN ORGANISATIONS

To help implement Client Responsive Programming and Accountability to Affected Populations (AAP), the IRC and humanitarian organisations should

- ➔ **Invest in community structures and channels for remote communication.** The pandemic has shown that while in-person communication is generally preferred by clients, remote communication can be used and increased in ordinary times too to speed up communications with communities. When dealing with clients who may not have access to phones or internet or when dealing with sensitive matters and protection issues, community leaders and volunteers can assist in the delivery of services, collection of feedback and assessment of needs;
- ➔ (Linked to the above) **extend training on Client Responsiveness to community leaders and volunteers** who assist in service delivery and communication with clients. Specific training may need to be developed to take into account their specific backgrounds, roles and responsibilities;

- ➔ **Ensure that communication with clients is effective** by collecting feedback to assess if the message has reached the intended audience, if the intended audience has interpreted the message correctly and has the ability to act upon it;
- ➔ **Make an effort to consult with clients before a new proposal on programming is submitted.** The pandemic showed that remote communications and the use of community structures have worked well especially for the identification of changing needs. If there is not enough lead-time to consult clients through surveys, interviews or FGDs beyond the review of previously collected feedback and reports, staff should at least consult community leaders and community-based volunteers.

RECOMMENDATIONS TO FOSTER STAFF'S GREATER RECEPTIVITY TO CLIENT RESPONSIVENESS

In order to promote an organisational culture which can address some of the challenges faced in the implementation of Client Responsiveness, the IRC could

- ➔ **Create (if not already present)/strengthen (if already in place) support structures for staff.** Staff perceptions of Client Responsiveness, fears, and levels of stress greatly impact their ability to be client responsive. The IRC Uganda case study demonstrates the importance of staff socialisation, and collective and individual support. While such structures must be in place in ordinary times, humanitarian organisations should not lose sight of staff needs, levels of stress and wellbeing when dealing with an emergency or a crisis like a pandemic;
- ➔ **Include Client Responsiveness training in onboarding and development plans** taking into account the specific strengths and weaknesses of staff working in particular sectors so that training can target the development of particular skills;

- ➔ **Include Client Responsiveness-related skills in all job descriptions**, at least in the list of 'desirable skills' and, possibly, in the 'essential' list;
- ➔ **Select and hire candidates by taking into account candidates' Client Responsiveness abilities** for all levels, from senior to most junior positions;
- ➔ **Resume, at the earliest opportunity, performance appraisals to include goals and professional development on Client Responsiveness which take into account feedback from communities.**

INTRODUCTION

ACCOUNTABILITY TO AFFECTED POPULATIONS AND COMMUNITY ENGAGEMENT: A GLOBAL AGENDA

Defined as an active commitment to use power responsibly, **accountability to affected populations (AAP)** is operationalised by **taking account of, giving account to, and being held to account by the people humanitarian organisations seek to assist.** This can be achieved when humanitarian organisations share information on their roles and responsibilities, programming, feedback and complaint mechanisms (FCMs), and ensure that communities served are able to assess the quality of their programming, and to influence programming by providing feedback and participating in decision-making.⁶

Through different initiatives, such as the Core Humanitarian Standards on Quality and Accountability (CHS) (2014) and the Grand Bargain Participation Revolution (2016), humanitarian actors have acknowledged that **involving people affected by crises in the decisions affecting their lives makes the humanitarian response more effective, relevant, timely and efficient.** Yet, despite some progress in engaging crises-affected populations, according to the latest Humanitarian Accountability Report (HAR) 2020, CHS commitments 4 and 5 ('Humanitarian response is based on communication, participation and feedback' and 'Complaints are welcomed and addressed') are amongst the lowest scoring commitments.⁷

In line with global pledges on AAP, in its 2015-2020 Strategy,⁸ the International Rescue Committee (IRC) has committed to make IRC programming more responsive to the needs, priorities and aspirations of the communities it serves. This is reflected in the development, testing and implementation of the Client Responsive Programming Framework. Through Client Responsiveness, the IRC pledges to systematically, deliberately and regularly collect, analyse and respond to clients'⁹ feedback and to use their inputs to influence programming throughout all the phases of programme cycles, from design and start-up, to implementation, monitoring and close-out. It, moreover, commits to close the feedback loop with clients by explaining how their inputs have informed decisions.¹⁰

ACCOUNTABILITY AND RESPONSIVENESS DURING THE COVID-19 PANDEMIC IN UGANDA

The IRC has been operating in Uganda since 1998 to offer relief to people displaced by the Lord's Resistance Army in the northern part of the country. Since then, it has been providing aid and programming for refugees, and is currently assisting about 1.2 million refugees and people from host communities.¹¹

IRC Uganda is one of the country programmes that has been applying Client Responsiveness approach to its programming. While IRC Uganda is improving its work, **the 2020 Covid-19 pandemic has presented numerous challenges, both for the service delivery and the implementation of a client-responsive approach.** Since the first case of Covid-19 was registered on 21 March 2020 and in order to contain the spread of the virus, the Government of Uganda (GoU) has imposed a number of restrictions, including a national lockdown.

While the country has managed to keep the infections relatively low, the lockdown has greatly impacted refugees and Ugandans' lives. Not only has Covid-19 posed health-related challenges, but the economic and social consequences of the lockdown have increased refugees' vulnerability as the restrictions on movement and the ban on the use of public transports have put livelihood opportunities at risk. Many lost their source of income or access to basic services. This has also coincided with a 30% cut in refugees' cash and food ration.¹²

The need to continue humanitarian assistance and to contain the spread of coronavirus, has posed significant challenges for humanitarian organisations like the IRC. In order to protect its personnel, refugees and host communities it serves, for at least the first months of the pandemic, the IRC had to reduce the number of staff on the ground, decongest facilities and limit assistance to life-saving services only. The IRC had to also ensure people received information on prevention while respecting lockdown regulations, applying social distancing and avoiding gatherings. Failure to adequately communicate information on prevention could result in the spread of misinformation, fears, misunderstanding, and could put communities at risk of infection.¹³ While Client Responsiveness and effective two-way communications have become crucial to assist and protect the communities served, the pandemic has greatly affected the ability to provide services and to use in-person communication channels, a type of engagement particularly appreciated by clients.¹⁴

AIMS AND OBJECTIVES OF THE STUDY

Apart from some guidelines, to date no study has evaluated the implementation of AAP approaches within the context of the pandemic.¹⁵ While examining some of the challenges faced by the IRC in changing programming as a result of client feedback more broadly, this study explores the ways in which the IRC has employed Client Responsiveness to inform programmatic decisions within the Covid-19 context.

Part of a broader research collaboration between the Refugee Law Initiative (School of Advanced Study, University of London) and the IRC, the aim of this small evaluation is to investigate:

- 1 **How the IRC employs Client Responsiveness in its operations and programming;**
 - a. What challenges and opportunities arise in implementing a client-responsive approach?
 - b. What challenges and opportunities arise in implementing Client Responsiveness in a multi-agency setting?
- 2 **How a client-responsive approach is used to inform decision-making in the context of the Covid-19 pandemic;**
 - a. What challenges and opportunities arise in implementing a client-responsive approach during a pandemic?
 - b. Are there good Client Responsiveness practices adopted during the pandemic that could be used for organisational learning?
- 3 **How the IRC can influence staff culture to foster greater receptivity to Client Responsiveness;**
 - a. How do senior managers help staff adopt Client Responsiveness in their work?
 - b. How does the adoption of client-responsive recruitment, learning and development and performance management influence staff behaviours towards the collection and use of client feedback?

METHODOLOGY

WHY IRC UGANDA?

An important pillar of IRC organisational strategy is the implementation of a Client Responsiveness approach to improve programme effectiveness. **IRC Uganda** country programme has, therefore, been chosen as case study because it has **been applying Client Responsiveness approach to its programming**, is regularly using organisational resources and tools, and has existing client feedback channels and data records in place. In Uganda since 1998, the IRC provides support in refugee hosting areas and focuses on four areas of intervention: Health, Economic Recovery and Development (ERD), Protection and Rule of Law (PRoL), and Women's Protection and Empowerment (WPE).

RESEARCH METHODS

Because of the pandemic, interviews and focus group discussions (FGDs) with IRC clients could not be undertaken. The study has, therefore, relied on **desk-based research of IRC policies and guidelines** shared by the IRC or publicly available, and **remote interviews with IRC Uganda senior members of staff**. Staff interviewed included three programme managers and coordinators – who work in the Health, PRoL and WPE sectors and operate in the West Nile, Lamwo and Kiryandongo districts, and the urban area of Kampala – and one programme coordinator who supervises different programmes and IRC humanitarian response in Uganda more broadly.

The researcher undertook five short interviews with each member of staff, for a total of 20 discussions, between September-November 2020. While a limited number of people have been interviewed, multiple interviews with the same participants allowed for an in-depth discussion of Client Responsiveness, more broadly, and the adoption of Client Responsiveness during the pandemic, more specifically. Questions were shared with staff before the interviews. After each encounter, a short report with the main points discussed was sent to the participants. This allowed them to verify information, edit or correct any misunderstanding.

Deductive and inductive coding has been used to analyse both interviews and IRC documents. The level of clients' participation in decision-making has also been assessed against the IAP2 Spectrum of Public Participation.¹⁶



📷 The IRC medical teams are receiving training on Covid-19 case management and infection prevention and control by the Uganda Virus Research Institute in Palabek refugee settlement. © The International Rescue Committee

STRENGTHS AND LIMITATIONS

Multiple remote encounters with a limited number of people has both strengths and limitation. The views are limited to a small pool of senior members of staff. **The study does not include the voices and opinions of other IRC personnel**, such as field staff. More importantly, this evaluation on Client Responsiveness implementation and effectiveness would have greatly benefitted from **the views of IRC clients**.¹⁷ Data from different members of staff and clients would have helped contextualise and triangulate information shared by programme managers and coordinators.

While remote interviewing with no video¹⁸ may hinder the ability to obtain information from research participants and somehow affects the researcher-respondent dynamic, this difficulty was mitigated through the conduction of multiple interviews with the same participants. If during the first remote encounter for participants it may not be

easy to 'open up' and trust the researcher, the rapport was gradually built over the different encounters and several email exchanges to allow participants the chance of verifying the information shared.

Although the report is based on IRC senior management's experience, it still sheds lights on (i) how Client Responsiveness may be applied in different areas of programming; (ii) the challenges and opportunities of adopting a client-responsive approach in ordinary times and, especially, during a pandemic; (iii) lessons to be learnt in applying Client Responsiveness during a pandemic; (iv) how IRC can strengthen a responsive organisational culture.

IMPLEMENTING CLIENT RESPONSIVE PROGRAMMING

CLIENT RESPONSIVENESS EXPLAINED

Programming is client-responsive when staff systematically, deliberately and regularly collect, interpret and use clients' feedback to inform programming decisions. Client Responsiveness also requires that staff communicate and explain to their clients how their feedback has informed and shaped IRC decisions and activities.¹⁹ To achieve better programming and in line with the IAP2 Spectrum of Public Participation, the IRC commits to:

- **Share information with clients about its programming and FCM (proactive, reactive and open feedback channels);**
- **Consult with clients over services it offers to understand their priorities, needs and aspirations;**
- **Involve clients in every phase of programming to ensure that their views are listened to and considered;**
- **Collaborate and partner with clients to incorporate their advice and recommendations to the greater extent as possible.²⁰**

One of the key practices of Client Responsiveness, is the collection of **proactive, reactive and open feedback**,²¹ which helps the IRC understand if programming is appropriate, relevant, and efficient, and assess if it addresses its clients' needs.²² In order to collect clients' feedback, the IRC first ensures that clients are aware of all feedback channels available to them. **A combination of different channels is important so that clients can choose the most accessible and appropriate one for them.** Ensuring that the channels work and the feedback loop is closed²³ helps clients trust the IRC and be confident that their feedback can lead to the improvement of programming.²⁴

An appropriate referral mechanism should also be in place so that any issues, problems or feedback can be referred to relevant sectors within the IRC or other partners who may deal with specific areas not covered by the IRC (e.g. WASH). For this reason, external and interagency mechanisms have been established. Piloted in October 2018 and formally launched by the Office of the Prime Minister (OPM) in collaboration with the UNHCR in January 2019, the **inter-agency Feedback Referral and Resolution Mechanism (FRRM)** is a centralised system that allows affected populations to raise concerns, report any issues they might experience, request services or information, or give general feedback to partners involved in the refugee response. In the long-term, the FRRM will collect and respond to requests and feedback through a variety of interfaces, but currently the main interfaces are a toll-free helpline and an email address.²⁵

Consulting with clients is one of the ways in which the IRC can understand its primary stakeholders' needs. Consultations can occur in different ways and each sector has channels in place to collect feedback from clients to inform its programming. The PROL team, for instance, uses quarterly safety audits, needs assessments and vulnerability assessments to understand clients' needs. This helps the team identify and consider situations that might infringe on clients' safety.²⁶ Similar needs assessments are also undertaken by other sectors. This kind of proactive feedback is also collected through client satisfaction surveys when closing a case within the WPE and PROL programming, or through exit-interviews and random checks in health

facilities.²⁷ If baseline assessments and safety audits help the IRC identify clients' risks and needs, exit interviews and client satisfaction surveys help understand clients' level of satisfaction with the assistance received and inform future programming. Random checks in health facilities, as the health coordinator explains, are also important to assess clients' awareness of their rights and of services that they can access.

For those happy to share their views in public, **community meetings** or **Integrated Village Meetings**

DIFFERENT WAYS OF ENGAGING CLIENTS

“ We have standard client exit interviews that we do, or random [checks] to see if clients are actually aware of their rights in the facilities and to get the level of satisfaction with the services they receive, if they felt that they are treated professionally or if there are other things that could have been done differently [...]”

There are different avenues at the health facilities. Sometimes IRC staff, especially members of the senior team – the health manager and the deputies and even myself – would go around to ask clients who are exiting the facilities to see what prescriptions they received, for what illness or we take a tour around the facility to just see groups of patients who are sitting around and just have informal chats with them to see how they feel about the services.

At the community level, we also open up an avenue for them to share with us any concerns [...] and if there is any recommendations they would like to make.”

Flavia Aber, Deputy Health Coordinator

are ways in which people can be consulted on priorities and provide feedback on services received or proposed.

In order to improve clients' participation in programming and include their diverse needs and views, the IRC consults also with different members of the affected population. Overall, community leaders and Refugee Welfare Councils (RWCs)²⁸ are important points of reference to understand communities' needs and aspirations. However, while these are able to convey mainstream priorities and offer quick assessments of communities' needs, these may not always fully capture the diversity of the people they represent and the needs of specific groups. To consult on programming, for instance, the WPE and the ERD teams contact groups of women or Village Saving and Loan Association (VSLA) groups respectively.²⁹

The IRC also makes a deliberate effort to consult the most vulnerable persons – such as the elderly, chronically ill persons, people with disabilities or child-headed households – by contacting them individually through home visits, for instance, or by organising *ad hoc* FGDs. Such individualised and targeted modes of engagements help to address barriers to participation that vulnerable people may experience.³⁰

ADOPTING AND ADAPTING CLIENT RESPONSIVENESS DURING THE PANDEMIC

While refugee settlements in Uganda are not particularly crowded and such lack of density would allow for social distancing to be applied, overcrowding situations may occur at health facilities or other service points. While abiding by the lockdown regulations introduced by GoU, the IRC had to find ways to keep running the programmes and, at the same time, scale up the health response. To protect its staff and clients, the IRC decongested offices, health facilities and other service points. The number of staff, activities, and clients accessing facilities was therefore considerably reduced.

For the Health programme team, adhering to the new Standard Operating Procedures (SOPs) meant that some services had to be deprioritised or adjusted. Because of the ban on social gatherings,



📷 During the pandemic, alongside general messages on health and protection, Boda Boda broadcast was used to disseminate messages on Covid-19 prevention in refugee settlements. © The International Rescue Committee

CHALLENGES WITH PROGRAMMING ADAPTATIONS DURING THE PANDEMIC

“ Covid-19 really affected us in massive ways, especially between the months of March and May. It was totally new, we didn't have anything in place, so we spent [...] the majority of that time either writing proposals or doing anything Covid-19-related [to adapt programming].”

Flavia Aber, Deputy Health coordinator

staff could no longer conduct outreach sessions on antenatal care, immunisation and nutrition assessments. OPD consultations and other services

were maintained in health facilities, but to avoid overcrowding, the IRC kept health centres open for longer hours, staff agreed to work longer shifts, and follow-up consultations were arranged by IRC officers and Village Health Teams (VHTs) at clients' homes. Clients with chronic, but stable, health conditions were provided with more medication supplies.³¹ Surveillance committees were also established to assist with the dissemination of Covid-19 prevention messages to the population (e.g. handwashing) and were tasked with monitoring the spread of the disease.

Similar arrangements to decongest facilities were also taken by other programmes. Walk-in feedback and access to protection desks were restricted to limited numbers in facilities. In Bidi Bidi refugee settlement, PROL staff was reduced from 37 to 8.³² Activities in Women and Girls Centres, run by WPE, were put on hold everywhere and centres closed for about a month.³³ Only essential staff for case

management related to SGBV response was kept in the Women and Girls Centres. **Restriction of movement, however, meant that clients were no longer able to report their needs in person.** The ban on gatherings of more than five people impacted on the monitoring of protection issues and SGBV. Before the pandemic, these were reported and monitored through meetings at the Women and Girls Centres. During the pandemic, listening sessions, which the IRC conducts every month to get feedback on WPE programming, could not be held for three months.

However, except for the suspension of community meetings and FGDs because of the ban on gatherings, all feedback channels remained open. The IRC adapted some channels to the circumstances created by the pandemic by undertaking safety audits and client satisfaction surveys remotely, and using the phone to communicate with clients, community leaders and community-based volunteers. Minimal numbers of staff were kept at service points (e.g. Information and Support Centres, Youth Centres, Women and Girls Centres, food distribution points) in each zones of refugee settlements for clients to provide feedback or raise concerns, and for staff to disseminate information on prevention and respond to feedback. Contact details of staff, who were working from home, were displayed at gates and entrances of closed offices.³⁴ Hotlines, such as the one that is integrated into the FRRM, could still be used to raise concerns, needs or complaints.

While services were reduced to essential activities, risks for the refugee communities increased, especially for certain groups. The number of teenage pregnancies for 14-19 year-old girls increased.³⁵ The enhanced level of vulnerability and risk of violence for women and girls was identified through remote safety audits, surveys and interviews with selected members of the communities, or through the engagement with community leaders. Bound at home because of the lockdown, often with perpetrators of violence, women and girls were more at risk of sexual exploitation, abuse, teenage pregnancies and early marriages. Because of the ban on movement and on the use of public transport, they also relied on reduced income. While less cases of SGBV were reported during the lockdown, this did not mean that women and girls were safer. Quite the

contrary, as remaining at home often meant they had less opportunities to report abuse and violence. The WPE programme responded to these increased vulnerabilities and risks by arranging staff and community-based volunteers' visits with women and girls of reproductive age, to provide them with dignity items (e.g. buckets and soap), and to assess their conditions and get their feedback.³⁶

MAINTAINING COMMUNICATION OPEN AND IDENTIFYING THE MOST VULNERABLE

“With the adaptation [of programming due to Covid-19] came the realisation of who was more vulnerable [...] Usually we conduct safety audit assessments which are done to establish the risks girls and women are exposed to [through] surveys, FGDs, key informant interviews with the community members. [...]”

However, because of Covid-19 we had to adapt this to a remote safety audit, so we had phone interviews with a selected sample of respondents from the community that were able to give information based on what was happening and what activities [needed] to be implemented. So we had to make adaptations because of what was happening and rethink how to reach the community and still share [information and support].”

Florence Nassali, Deputy WPE Coordinator

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

As the IRC kept running the pre-existing programmes to offer basic services, it had to also focus on risk communication and community engagement to share information and engage with the communities it serves. **Messages from different sectors** (e.g. WPE messages on SGBV or messages from Health and PRoL programmes) **had to be integrated so that communities could get comprehensive information on Covid-19 prevention and IRC programming.**³⁷

In order to maintain two-way communications with communities, which are crucial to understand clients' changing needs and risks, **the IRC adapted its communication channels** to the exceptional circumstances and invested in channels that could support electronic and social distancing feedback mechanisms.³⁸ Hybrid approaches, which included some degree of socially-distanced in-person communication, helped to minimise risks, and allowed greater participation and interaction.

According to staff interviewed, **one of the most effective ways to engage clients during the pandemic and inform them about the changes in programme delivery or risks related to Covid-19, was through RWCs or VHTs**, who were provided with megaphones to disseminate information. As they walked through the settlement, community leaders played a message, pre-recorded by the IRC using an SD card, and stopped to discuss any concerns refugees may have had. Home visits were also used by VHTs and community-based volunteers to share information with clients and collect feedback. Community leaders and community-based volunteers were also provided with airtime to communicate with IRC staff in the eventuality they needed to report any protection issue, or feedback on programming. Community structures, such as women's groups or VSLAs, were also used by ERD and WPE programmes to maintain a two-way communication, crucial to discuss feedback and specific needs.

To communicate messages on prevention, the IRC also used **Information Education and Communication (IEC) materials at key service points** (e.g. water sources, food distribution points, Information and Support Centres); **radio talk shows**, which were also key to address psycho-social issues and to provide mental health support for clients;³⁹ and expanded the **Boda Boda Broadcasts**. With the latter, boda boda⁴⁰ riders drove slowly through the settlements playing a pre-recorded message, and stopped at key service points (e.g. water point) to allow people to properly listen to messages and to provide feedback on programming, needs or concerns, which was then referred to the IRC. **Risk communication was generally effective** as clients seemed to be aware of Covid-19, the risk of infections and how to prevent the spread of the virus.⁴¹ Clients changed their behaviour. In Bidi Bidi, for instance, many were clearly taking extra precautions as soap and jerry cans with water were placed outside of houses and were widely used by refugees.⁴²

However, while it may have been effective, **risk communication did not reach all clients at the same time**. Some were reached later than others. Over the summer for instance, the IRC found out that **the most marginalised and people with specific needs** – such as, but not limited to, people with disabilities, the elderly or the chronically ill persons – **were not reached immediately.**⁴³ This was particularly so for those without access to a phone, radio or for those living in remote areas. Some people may also have disabilities that heavily restricted their access to information (e.g. hard of hearing).

As one programme coordinator pointed out, **when dealing with particularly vulnerable groups of people, there are two crucial issues to consider: access and relevance.** Realising that not everyone had access to risk communication, the IRC invested more resources to ensure everyone, including the most vulnerable people and persons with specific needs, received the standard set of information on prevention. The second problem deals with the relevance of information for the person who receives it as the message might not be relevant to everybody in the same way. For people with disabilities, elderly or chronically ill people, for instance, applying social distancing may be difficult as they may heavily rely on support from other people in the community. The same is also true for a context in which poverty is widespread as people may not be able to afford soap or protective gears to avoid infection.⁴⁴

During the pandemic, the challenge with risk communication, then, was to ensure that everybody had access to the information sent; information was relevant and usable; and the message was interpreted correctly (see sub-section on '*Using client feedback to inform programming during the pandemic*'). These are all elements that stress the importance of client-responsive approaches and AAP in humanitarian responses. Only by consulting communities served, the IRC could assess if the programming and communication offered are relevant, timely, appropriate and effective.

COMMUNICATION MUST BE ACCESSIBLE, RELEVANT AND USABLE

“During risk communication, there is a standard set of information that is trying to go out: ‘wear a mask’, ‘wash your hands’. [...] **The first [problem] is that some people don't end up with access to the information** because maybe they're a bit more disconnected, they don't have a phone [or] a radio, they're really far out into the rural areas and they're just not hearing it, and then you also have people who might have disabilities. [...]

So the first issue is “Did everybody get the information in the refugee response?” And the first answer was [that] a lot of people aren't getting it, but then there was a huge push and a recognition that we need to do more to get this information out there and since then we have [done it], as a response reached pretty much everybody with the standard set of information, **but then we ran into a second problem which is that the standard set of information might not actually be as relevant to everybody equally.** So if somebody is told ‘you need to socially distance from everybody’, but they have some disability that requires them to really rely on support from other people in their community, that socially distancing doesn't look really the same.

So they get the message and they [may say]: ‘OK, great, I can't do that. So what can I do?’. And this [wasn't just] an issue with people with disabilities, it was also an issue in relation to widespread poverty as well because you tell people ‘wear a mask’, ‘wash your hands’, [and they may say] ‘OK, well, I can't afford soap. I can't afford masks. So now what?’ So, **that's where a lot of the struggle comes in [as it] is not only getting information out there, but also making sure that that information is relevant and usable.**”

Rick Bartoldus, Programme Coordinator for Quality and Learning

INCORPORATING CLIENTS' FEEDBACK INTO PROGRAMMING

USING CLIENTS' FEEDBACK IN ORDINARY TIMES

An important component of Client Responsiveness is the collection of feedback through various proactive, reactive and open channels. In humanitarian responses, which aim to be accountable to affected population, the **choice of the feedback channels to use** should also be discussed with primary stakeholders.

Both before and during the pandemic, the IRC asked its clients how they prefer to be consulted.⁴⁵ According to the feedback received, the most preferred channels of communication for clients are through VHTs, health workers and community volunteers (83%), RWCs and Local Councils (59%), and toll free hotlines (39%).⁴⁶ In Uganda, in-person communication is particularly appreciated. This is because clients may not have access to phones or internet, and because they may perceive face-to-face communication as more immediate and as leading to a quicker resolution.⁴⁷ Based on clients' requests and preferences, the IRC invested in and prioritised in-person communication systems. Collecting feedback and consulting with clients is, therefore, the first step to shape programming according to clients' preferences and needs.

Not only is important to keep as many channels open as possible to foster clients' participation and accommodate also those who may have different communication preferences, but equally crucial is to proactively consult and seek feedback and clients' views on programming. If feedback from clients is received only through reactive channels, then the involvement of affected population in shaping programming is too late as something may have already gone wrong.⁴⁸

All sectors considered in this study, with some variance, try to engage clients at different stages of the programme cycle, including design, to capture their needs but also shape the programming itself.

When considering the spectrum of public participation, the Health programme consults clients on their needs through needs assessments. After consultation and before presenting the project to donors, the Health team incorporates clients' feedback in the proposal so that the proposal can reflect "the voice of the people and the needs of the people".⁴⁹ Similarly, within the **PROL programming**, the IRC runs quarterly safety audits and through these opportunities welcomes recommendations from clients on how it can improve their living conditions. When writing a new proposal, the team also consults different reports, data, already collected feedback, and may also organise meetings with primary stakeholders to discuss priorities.⁵⁰

The WPE programme seems to move a step further in the public participation ladder and, beyond sharing information and consulting, is able to often involve clients in the decision-making process. For instance, if they have enough lead-time before the submission of a new programme to donors, the team involves clients in the shaping of programming by presenting them with a draft of the proposal, and then by changing the proposal based on their feedback.⁵¹ Activities are also changed when clients deem more appropriate. For instance, when women and girls felt that life skills activities supporting the production of soap were no longer relevant and profitable for them, they asked the IRC to focus on other products, such as baskets. Based on clients' requests, WPE staff adjusted programming to meet their needs.⁵²

The successful block farming project in Bidi Bidi run by the **ERD programme** is testament that being client-responsive and reaching the furthest step of the participation ladder by collaborating with clients and empowering them is possible. In the block farming project funded by BPRM, members of the refugee and host communities cooperate through

VSLA groups to share resources and achieve economies of scale. Clients set the agenda and decide the programming. The IRC's role is to simply facilitate the acquisition of land and provide tools and resources requested by the VSLAs, such as training, seeds and other equipment.⁵³

BLOCK FARMING PROJECT: COLLABORATING WITH AND EMPOWERING CLIENTS

“ [I]n September 2018 the IRC used funding from BPRM to rapidly mobilise members of host and refugee communities into Village Saving and Loan Associations (VSLAs). These VSLAs formed the basis of a larger effort to set up “block farms,” in which groups of refugees and host community members would cooperate to obtain large blocks of land that they could manage and farm together, thus allowing them to share resources and achieve economies of scale in farming. **Not only did the IRC help these groups to obtain the land, but the IRC also provided all the trainings and support that members would need to succeed, including trainings on business skills and agricultural practices, support to savings and loans schemes, connections to banks, and other support as needed. [...] [During the pandemic t]he IRC team had to adapt its programming to ensure that the farmers could continue to work even during the COVID-19 restrictions. The IRC purchased tools and planting materials, and then negotiated with the Resident District Commission to get an exemption to the movement ban so that IRC vehicles could be used to distribute the materials to the agricultural groups. As provision of seeds and tools alone would not be enough for the groups to engage safely and productively, the IRC also provided personal protective equipment such as face masks and hand sanitisers. To support good agricultural practices, the IRC organised trainings with a safe and small number of people. Radio training programs on agriculture were also used to reach people at home. With this support, multiple groups [...] were able to carry out land clearing, land opening, and planting without putting anyone at risk.”**

IRC (2020) COVID-19 Stories from Uganda: Block Farming, IRC Uganda

“ There is a lot of engagement [between clients and ERD teams] and even then during the implementation there are always opportunities for ERD [staff] to really talk to people about how they want to build their business on the go. So a good example of this is the Block Farming that they do in Bidi Bidi settlement. [...] **One of the [great] things about that is that each of these groups of farmers has their own decision-making bodies in it and then what the IRC is doing is trying to get an understanding of what each of these individual group needs and then fills that need. And [the IRC] will completely be dependent on what that specific group wants to do. One group wants to farm Cassava. The other group wants to do sunflower and then the IRC based on those needs provides different services to make it work. One group wants to use it for subsistence farming for their own food security. The other one wants to form a marketing group so that they can sell it in the market. Again, in each case, essentially, it's the farmers themselves setting the agenda and IRC is just coming in with the support based on that which is [great].”**

Rick Bartoldus, Programme Coordinator for Quality and Learning

USING CLIENTS' FEEDBACK TO INFORM PROGRAMMING DURING THE PANDEMIC

Using a client-responsive approach during the pandemic has proved useful to protect clients and address their concerns. **Client Responsiveness has been particularly important for the protection sector as Covid-19 and the restrictions imposed had different effects on clients.** By maintaining and investing on a two-way communication, the IRC was able to detect and tackle the additional risks and challenges that the pandemic has brought. Based on clients' feedback collected during the pandemic, programming has been re-shaped to offer better responses and assistance.

COMMUNITY LEADERS AND VOLUNTEERS: 'THE EYES AND EARS' OF THE IRC

“We have a team of volunteers in the community. They are called community-based volunteers and **they are the eyes and ears of the IRC in the community.** They are [trained and informed] on a number of guidelines, prevention mechanisms and information related to Covid-19 and any other information that they need to deliver to the community. **Being the eyes and ears of the IRC in the community, they make sure that as they pass on information, through door to door arrangements at the village level, they are also able to receive feedback from the community related to some of the fears [concerns or need] and they would feedback to our [...] staff available at the Information and Support Centre. So this helps maintain communication [between IRC] staff and community members”**

Denis Eluk, PRoL Senior Protection Manager

By consulting with clients, the PRoL team was able to incorporate their feedback to change its programming. During the pandemic, the team conducted remote surveys, safety audits and needs assessments⁵⁴ to understand if their 3-year project for the urban area of Kampala funded by BPRM needed any adjustments for future activities. Thanks to the donor's flexibility, PRoL programme was able to incorporate clients' feedback and amend programming by reducing the number of safety audits to avoid feedback fatigue, assisting clients with rent payments, and revising the number of justice and protection staff required to run the project.⁵⁵ Following another remote assessment, other adjustments to the urban area programming in Kampala were made. As clients' needs changed during the pandemic, rather than providing clients with material support (e.g. food and clothing), the PRoL team developed a 'Protection Cash SOP' that directly supported people by sending them money through the mobile money transfer, an idea suggested by clients themselves.⁵⁶

LISTENING TO AND IMPLEMENTING WHAT CLIENTS SUGGEST

“[In ordinary times] we would have gone ahead to procure and provide material support, for example in terms of food [or] clothing. [...] But at the onset with Covid-19 and all the restrictions that came in, we had to try as much as possible to hear from our [clients to understand] what's next. [...] Through these feedbacks, **most of them presented suggestions on the use of mobile money transfers, so we had to quickly look into this and we quickly developed a 'Protection Cash SOP' that would support us working around the mobile money transfers. [...] Based on phone calls, minimum assessment and few interviews, we were able to get information [from clients] and we transferred the money for particular services and the protection case management directly to the clients' phones so that their lives could continue to improve.”**

Denis Eluk, PRoL Senior Protection Manager



📷 The IRC's VSLA approach provides long-term support to ensure that members can start and grow small businesses. These VSLAs serve as a platform for financial inclusion and integrated programming. ©The International Rescue Committee

Similar adaptations based on clients' feedback were also implemented within the Health and WPE programmes. The **Health** team for example, undertook an assessment⁵⁷ of family planning interventions to evaluate clients' satisfaction with the quality, relevance and accessibility of the services. Because of the travel restrictions and problems in accessing the services, clients proposed to have family planning services closer to their areas. Following these requests, the IRC brought services closer to communities by conducting family planning services for each zone of the settlement. The change informed by clients' feedback made programming more relevant and appropriate to the needs of the community during the pandemic. The number of users, in fact, increased after the IRC changed the way in which the service was delivered.⁵⁸

Not only are clients consulted during the implementation phase, but Health teams always try to consult them also during the design phase. Feedback for the design of the 'ECHO Primary Healthcare and epidemic preparedness and response programme' for 2021 is currently being collected

through needs assessments and workshops with small groups of clients. These consultations are essential to ensure that programming is appropriate and relevant, but they also constitute a strong evidence to justify decisions in the eventuality donors wish to make changes to proposals.⁵⁹

For the WPE team, remote safety audits undertaken through phone interviews with selected clients⁶⁰ **were instrumental to assess the risks of Covid-19 and the lockdown for women and girls, and gaps in the humanitarian response.** The safety audits revealed that during the pandemic women and girls were more at risk of SGBV. Based on this feedback and among other initiatives, the IRC decided to distribute dignity items to women and girls. As IRC staff and volunteers distributed items, they also collected information from clients through questionnaires. Other remote audits later on revealed that some women and girls may have been left out from the initial distribution of the items. As a result of this, the IRC then prioritised them with the supply of additional kits.⁶¹

USING BOTH THE PHONE AND COMMUNITY STRUCTURES TO REACH CLIENTS IN NEED

“Since the beginning of the pandemic for women’s protection one of [the ways to keep in touch with clients] was the phone [to] conduct **case management services for survivors**. We had an increase in cases, however, we also had limitations on reaching the survivors. **To be able to get feedback on how they are doing, or the services, we worked with the community structures, community-based volunteers who work with the community and are part of them to be able to share with us feedback.** That was one way. The other one was through the telephone. We shared numbers to [assist clients] remotely so that [clients] could call in and shared their feedback.”

Florence Nassali, Deputy WPE Coordinator

Following clients’ suggestions and requests, the WPE team has also adjusted programming for life skills activities. Instead of providing kits for salons and women involved in hair dressing activities as it did before the pandemic, the IRC changed programming to provide women with cash, a more relevant and appropriate support requested by its clients.⁶²

Not only have client consultations been useful to adapt programming to changing needs, but **there is also a fundamental link between Client Responsiveness and risk communication and community engagement**. At the beginning of the pandemic, one of the key aspects that clients raised in their feedback through community-based volunteers was the need for more information on Covid-19 prevention. Following this feedback and to disseminate information on prevention, the IRC used more radio talk shows, provided community leaders with megaphones, and scaled up the use of Boda Boda Broadcasts. For example, in Bidi Bidi settlement,

Boda Boda Broadcasts were increased from three days per week to seven days per week.⁶³

Feedback from clients was also crucial to detect potential quality issues with information sharing activities. Several months into the pandemic and thanks to proactive assessments through a remote survey on Boda Boda Broadcasts, the IRC realised that information was not reaching everyone as expected. By driving through the same routes, riders reached some people more than once while others were completely excluded. In some cases, riders were not stopping as expected or drove so quickly that only part of the information could be received by clients. The IRC addressed these issues to make sure more clients had access to the information shared.⁶⁴

It is thanks to Client Responsiveness that the IRC was able to understand where the messaging and strategies in delivering information were not effective. Another important way in which clients’ feedback could inform programming is the ‘**rumour tracking**’ initiative. Rumours around corona virus often dealt with downplaying the disease and the virus, but also incorrect beliefs on how to cure it or prevent it.⁶⁵ Through community structures and clients’ feedback, the IRC tracked misinformation and misunderstandings, and developed, recorded and disseminated counter-messages to demystify rumours working with community structures or platforms, such as the radio or Boda Boda Broadcasts. By acting on feedback received and adjusting messaging, the IRC was able to disseminate correct information to protect communities.⁶⁶

USEFULLNESS OF RUMOUR TRACKING DURING THE PANDEMIC

“ We have cases where there's a very high level shift [in the way in which information is received and understood]. For example, **in one location we are noticing that most of the rumours are focused on downplaying the seriousness of Covid-19, so let's focus more on messages that make people more worried about it. Whereas in another location, you may have people who are adequately worried about it, but they have these incorrect beliefs [on how] to cure it or prevent it. So in those locations, you focus more on reminding people that there is no cure, the only prevention is these very restrictions. [...]**

And we have cases where we have very granular specific changes based on rumours we are hearing. [...] We had a case in a host community [...] where when we were doing the rumour [tracking] all of a sudden we saw spikes of rumours about people saying that Covid-19 was sexually transmitted or, more specifically, we got people saying 'I heard that husbands and wives should sleep in different rooms and they shouldn't interact at all'. This was very confusing at first, but then somebody said 'Ah! I think I know what this is' because one of the ways in which the Village Health Team in that area was talking about Covid-19 was [by] using the standard acronym Mouth Eyes Nose: M-E-N, saying 'Don't touch your Mouth Eyes Nose' [but actually saying] 'Don't touch your MEN', but then they were not doing a good job of clarifying that it's just a way of remembering Mouth Eyes Nose. People got confused and started thinking that they were saying 'women should not touch their MEN, their husbands'. And this led to a huge confusion and because we were able to catch that early, we went back to the Village Health Teams, telling them 'clarify and explain it better' and we don't see that rumour anymore.”

Rick Bartoldus, Programme Coordinator for Quality and Learning

CHALLENGES AND OPPORTUNITIES OF CLIENT RESPONSIVENESS

CHALLENGES OF APPLYING CLIENT RESPONSIVENESS

As a programme coordinator asserted, while it is relatively easy to articulate how Client Responsiveness should be implemented, **this approach requires resources that are not always in place**, such as staff time, data systems, training and funding. In addition to this, **every sector** in every field site **faces different constraints depending on staff's skills and requirements, or systems they may have in place**. For instance, while the health sector generally performs strongly in data collection and processing because it is familiar with collection and interpretation of client satisfaction surveys, health staff are generally hired for their technical skills rather than soft skills like empathy, crucial for customer care service. The opposite would occur with programmes like WPE or PLoL, where an ability to listening to people's concerns is an essential requirement for their daily roles.⁶⁷

Different constraints are also experienced in different contexts and circumstances. As seen before, **Covid-19 presented its own challenges for the IRC, its clients and the implementation of Client Responsiveness**. The ability of staff to implement programming and communicate with clients was affected by the lockdown restrictions on in-person communications and the ban on gatherings. This affected clients' ability to report any concerns and also the IRC's ability to close the feedback loop and respond to negative feedback. The lack of in-person formal and informal interaction may have also affected the IRC's relation with clients more broadly. In order to maintain the communication with clients open, beyond the use of community structures (see section below), the IRC had to rely more on other mechanisms such as the hotlines (e.g. the one that it is integrated into the FRRM or more specific hotlines such as the GBV and Mental Health and Psychosocial Support (MHPSS) hotlines). However, the use of remote communication has not always been easy. Women, for instance, may have not been in a safe space to report an abuse through the hotline because of the presence of their perpetrator at home.⁶⁸ For staff, it was then difficult to provide immediate support.

The pandemic also posed logistic challenges for the IRC, and fear and anxiety among clients. Some clients relocated and for protection teams, it was then difficult to trace and reach survivors to follow up on their cases, assess their situation, or close their cases and undertake the client satisfaction survey.⁶⁹

More broadly and also applicable to a non-pandemic context, **managing clients' expectations has been reported as being one of the major challenges when employing Client Responsiveness**. Managing expectations can be supported by always discussing with clients what can or cannot be achieved and by closing the feedback loop. Explaining how decisions have been taken, why there may have been a delay in the resolution, and why clients' proposals can or cannot be implemented is crucial to build and maintain their trust and confidence in the IRC's ability to address their needs and reduce the feedback fatigue.⁷⁰

While before the pandemic closing the feedback loop collectively at community meetings and Integrated Village Meetings was a good way to

CLOSING THE FEEDBACK LOOP TO MANAGE EXPECTATIONS

“Closing the [feedback] loop is very important in client responsiveness. We try as much as possible to be honest, to give candid feedback when we cannot [implement activities proposed by clients]. [Clients may say] ‘we want you to build a new structure. We want you to...’ but, of course, this goes with the resources that are available. Many times we don’t have the resources [for all their] needs. [In that case you] link them with another partner if you are not able to provide. We try as much as possible to [respond to] the feedback in a timely manner. We endeavour to tell them ‘See, this is what we have. We don’t have that kind of money and the resources to do that, however, we are able to link you with the service provider’. And if we do make the referral, we also follow up to see what has been done and what is possible as other partners also have limited resources”.

Florence Nassali, Deputy WPE Coordinator

reach the widest audience possible to inform clients about decision-making processes, **with the pandemic such opportunity was curtailed.** To collectively close the feedback loop, the IRC used announcements in health facilities, Boda Boda Broadcasts and radio talk shows. The feedback loop could also be closed individually through home visits or remotely, or through the community structures.⁷¹

More than one member of staff reported that staff’s perception of Client Responsiveness can also constitute an obstacle for the implementation of AAP and community engagement. As the interviewees pointed out, sometimes clients reported that staff may not always be friendly and empathic. This may depend on staff’s mental state,

increased workloads or levels of stress. In the context of the pandemic, stress has definitely increased. Staff had safety concerns too and were scared of being infected. The workload for some increased. More feedback from clients needed to be collected, analysed and responded to in order to address changing circumstances and needs, and to tackle and demystify misinformation and rumours.⁷² Staff in health centres worked for longer hours so that facilities could apply social distancing and see only few clients at the time. While during this time their stress level increased, they may have not received additional support in terms of training that could have helped them to better serve clients and manage their own anxieties.⁷³

In some cases, staff may not value clients’ opinions or may not see the link between clients’ feedback and good quality programming. Interviewees reported that staff in the field expressed concerns over the lack of time for collecting, and incorporating clients’ views in programming.⁷⁴ They may also fear that the implementation of Client Responsiveness and the availability of FCMs may be used by clients to target certain members of staff.⁷⁵ Managing staff’s fears and perceptions is therefore crucial to consolidate Client Responsiveness frameworks (see also section below on ‘Enhancing and promoting a Client Responsive organisational culture’).

Interviewees also reported that an important component for Client Responsiveness is the ability to manage the working relationship with donors.

Limited timeframes between a funding announcement and the deadline for the submission of new proposals may sometimes hinder the ability to collect and use clients’ feedback in programmatic decisions.⁷⁶ In the context of the pandemic, donors have showed flexibility and, because of that, the IRC managed to make necessary adaptations to programming both in the design and the implementation phases. However, because of tight deadlines in some cases clients’ consultations were not incorporated in new proposals. Since they had less than a week to develop a proposal to incentivise handwashing, the Health programme, for instance, provided clients with additional jerry cans without consulting with clients before. As the Deputy Health Coordinator asserted, had they consulted with clients before submitting the proposal, they would have realised that providing soap would have been more



appropriate as clients could have used old jerry cans to make a tippy tap.⁷⁷ Not talking with clients because of the tight deadline was a missed opportunity to provide immediately a more appropriate service. Donors' flexibility, however, allowed the opportunity to make subsequent changes if and when needed.

Obstacles in implementing Client Responsiveness can also come from working with other organisations in a multi-agency setting. Managing clients' expectations in a multi-agency setting, in fact, may be quite complex. As interviewees reported, agencies run different programmes and may have different ways of operating FCMs. Clients may then be confused about who provides what or how to communicate their needs and concerns. Some agencies may not even adopt AAP in their programming or may not have dedicated staff to support this kind of approach. This can lead to potential lack of cooperation in activities involving the collection of affected populations' feedback or needs assessments which would require a coordinated response.⁷⁸ Lack of collaboration can affect the IRC's programming as understanding

clients' needs and priorities would then become more difficult.

Information sharing with clients then becomes important to clarify services and their providers, organisations and their responsibilities. Failure to effectively communicate this risks undermining the IRC's response and the perceptions that clients may have of the IRC if other organisations fail to deliver. For this reason, the good functioning of referral systems is key. For example, referral systems can be impeded by a number of different issues, such as lack of awareness of the system among the target population, technological issues with the system itself, lack of incentives or buy-in for partners to 'close the loop' on cases that are referred through the system, or other problems. In any case, missing the closure of the feedback loop compromises the quality of the humanitarian response.



📷 Mary, 24, is a South Sudanese refugee living in Bidi Bidi, northern Uganda. She is a member of the community watch group that helps to keep her neighbourhood safe and protected. She also helps educate her fellow refugees about Ugandan law. © The International Rescue Committee

ADVANTAGES OF A CLIENT-RESPONSIVE APPROACH

If the challenges in implementing a client-responsive approach are significant, the outcomes of using Client Responsive Programming outweigh difficulties. Staff interviewed recognised that using Client Responsiveness has the potential to unveil fraud and corruption, and **assists humanitarians in doing their job and finding better responses to clients' needs and concerns.**⁷⁹

Client Responsiveness helps understand changing circumstances and clients' priorities, and if programming is still relevant. As the 3-year PRoL project mentioned above demonstrates, collecting feedback at every phase of a project cycle is crucial as situations and needs may change over time. This is especially true in the context of the pandemic. As risks and priorities have dramatically and suddenly changed, new needs can only be captured by listening to clients' new concerns and addressed by adjusting current programming to make it more relevant, timely and appropriate.

Despite the challenges of operating in a multi-agency setting, interviewees also mentioned great opportunities such as the centralisation of reactive channels through the FRRM – which saves money, avoids duplication of resources and is less confusing for refugees – or the use of RWCs, which can complement the reactive centralised feedback system.⁸⁰

Interagency meetings, and working and intersectoral groups are useful to share information, and clients' feedback and concerns with the UNHCR and other implementing partners. Staff interviewed agreed that these meetings are also opportunities for different agencies to learn from each other and share information on what is working and what is not working. Crucially, these are platforms which also allow the IRC to find additional resources or other partners to provide what the IRC cannot offer. For example, when there was an increase in teenage pregnancies during the pandemic, partners came together to discuss how this could be addressed. In that occasion, Plan International offered to help by providing dignity items for women and girls at risk and, based on other feedback received, Plan also offered to procure stoves for vulnerable women.⁸¹ Such outcome and improvement in programming would have not been possible without clients' feedback and if organisations were working in isolation from each other.

LEARNING FROM THE PANDEMIC

Although adopting a Client Responsiveness approach during the pandemic can be more difficult, listening to and collecting clients' feedback and ideas always improve service delivery. For instance, moving family planning services closer to clients improved the quality of programming by making services more accessible. Similarly, as the case of Jerry can provision instead of soap mentioned above demonstrates, no matter how rushed a proposal for funding seems to be, if staff find ways to even briefly consult clients, affected people's views would make programming more relevant and appropriate.

Another lesson that the IRC can take away from the pandemic is that **just because people prefer in-person communication, it does not mean that remote engagement cannot happen.** During the pandemic, meetings took place remotely, including the CRRF Steering Group meetings for which refugee representatives usually travel from their settlements to Kampala to attend. The remote engagement, facilitated by the IRC, was appreciated by refugees and may be taken forward in ordinary times too.⁸² Moreover, structures to remotely reach out to communities have also been consolidated as during the pandemic a centralised database containing information on RWCs structures, names and contact details have been created.⁸³ This may not substitute in-person communication in the future, but the centralised database will offer additional channels to reach communities faster and possibly enhance their participation in programming.

The pandemic and the adaptation of the humanitarian response offered the opportunity to learn more about trust, how messages are received, and how conversations happen between humanitarian organisations and clients. The IRC had the chance to better understand where the communication was breaking or was misinterpreted. The pandemic context and the rumour tracking initiative made the IRC realise that it is not only important to convey the message, but also to ensure the message is understood and interpreted correctly. This realisation can affect the way in which the IRC will communicate with clients in the future and how

it shares information on decision-making processes too. Enhancing understanding of the decision-making process and the reasons why the IRC may not be able to accommodate all clients' ideas, is key for clients to build and maintain trust in the organisation and its ability to provide adequate, relevant and efficient services for them.⁸⁴

Through the pandemic, staff also realised that empowering communities is possible. As staff on the ground was reduced, the IRC had to think differently about programming and Client Responsiveness. The IRC was able to train community-based volunteers on case management for protection services and, during the pandemic, volunteers demonstrated their ability to sustain service provision and assistance. Community leaders also became key assets for service delivery. This demonstrates that communities are well-positioned to respond to crises when they happen.⁸⁵ When the situation normalises, the involvement of community structures should be maintained and enhanced to better reach everyone, irrespective of their age, gender and diversity, including the most vulnerable and groups with specific needs. The pandemic revealed that some IRC clients had not been adequately reached and supported before and at the early stage of the pandemic. Feedback from these groups, through home visits and the utilisation of community structures, as took place in the Covid-19 context, can make the humanitarian response more inclusive and attentive to diverse needs.⁸⁶

EMPOWERING COMMUNITIES

“One of the lessons we learnt during Covid-19 is that it’s very important to empower the community to be able to respond to some of the risks. For example, because of Covid-19, [...] staff had to pull out. Then what happens to survivors of violence? **Covid-19 made us think differently. We were able to train community-based volunteers on case management** and [...] how they can do it, how they can reach the community even during [the pandemic]. **So we learnt that [...] the community itself is actually the greatest asset we have to work with** [...] because they are able to sustain the work. They are in the community, they are community leaders, community groups, the male allies, the community activists, the girls [...], those people within the community we worked with, those women leaders. **Those are the people who are well positioned to respond to crises when they happen especially when humanitarian workers have to pull out.**”

Florence Nassali, Deputy WPE Coordinator

ENHANCING AND PROMOTING A CLIENT RESPONSIVE ORGANISATIONAL CULTURE

Evidence has suggested that adopting a client-responsive approach in the humanitarian response improves the quality of aid. It is then important that a client-responsive culture is nurtured within an organisation. In order to instil a client-responsive behaviour, IRC Uganda has adopted different strategies: encouraging more informal conversations with clients; organising weekly staff meetings to discuss clients' feedback; changing HR practices to make sure prospective and existing staff value clients' feedback; and organising training sessions on Client Responsiveness.⁸⁷

Training seems one of the most obvious ways to help staff incorporate Client Responsiveness in their day-to-day activities. Beyond mandatory training such as on sexual harassment, the IRC has invested in training staff on codes of conduct, AAP and also in customer care and gender equality. Special materials and guidelines are also shared with staff via email or can be accessed through the RescueNet portal.

Crucially, special support to nurture the development of soft skills, such as empathy, is also provided through **one-to-one meetings with supervisors**. Through the supervision system, managers and coordinators discuss with field officers their daily activities, challenges and ways to face any problems, including additional training.⁸⁸ As Florence Nassali, Deputy WPE Coordinator argues, after discussing challenges and potential solutions, staff generally feel more motivated, work better and can be more client-responsive.

Promoting a culture of reward and recognition, rather than punishment, is important to address staff fear of negative feedback. Through different meetings, staff are encouraged to publicly discuss problems and possible solutions. These are also opportunities for questions to be posed to senior management. This practice helps cement a culture of accountability and is promoting change in staff approaches to Client Responsiveness.⁸⁹

FACING STAFF'S FEARS AND PROMOTING A CULTURE OF REWARD

“ In [Client Responsiveness] trainings, one of the things that I would do and would encourage local leadership to follow up is to **explicitly bring the fears [of negative feedback] to the surface in conversations and then try to talk through why the fears may be misplaced. [...] A lot of frontline staff see raising a problem as something they get punished for. [...] To overcome those fears we have been trying to encourage people to talk openly about their problems and ensure that their supervisors then take that opportunity not to chastise them but instead to help solve those problems and reward problem solving**”.

Rick Bartoldus, Programme Coordinator for Quality and Learning



📷 With ECHO support, the IRC recruited more staff to provide health services during the Zombo refugee influx to screen refugees for Covid-19. © The International Rescue Committee

The HR department can also play an important role in the development of an institutional culture through recruitment and selection processes, and performance appraisals.⁹⁰ Identifying and recruiting client-responsive staff for all sectors is one way to enhance a client-responsive culture within the organisation. However, some interviewees felt that HR could be more involved in the implementation of Client Responsiveness. Soft skills in relation to Client Responsiveness – such as listening and facilitation skills; cultural sensitivity; curiosity and inclusiveness – are included in job descriptions, but not as consistently as it should be. While technical skills are important, soft skills and client-responsiveness skills should increasingly gain greater importance in the decisions regarding whom to hire.⁹¹ While changes in HR practices to further support Client Responsiveness are still underway, it seems that so far client-responsiveness skills and abilities are required more for senior positions rather than consistently for all levels and positions.⁹²

In their performance appraisals, staff should not be assessed only through their ability to perform their job, but also on how they engage with clients. Some positive change in HR practices in relation to appraisal procedures and Client Responsiveness was introduced in 2019. The staff's Performance and Monitoring and Evaluation (PME) also included feedback from clients or a community leader served by the member of staff. Unfortunately, the pandemic has limited the opportunity to replicate the practice in 2020, but this kind of appraisal system should be resumed at the earliest opportunity.⁹³

CONCLUSIONS AND RECOMMENDATIONS

KEY TAKE AWAYS

Covid-19 and the lockdown regulations have presented IRC Uganda with some challenges, both for the service delivery and the implementation of a client-responsive approach. Community meetings, often useful to share information, collect feedback from clients and close the feedback loop, were banned. In-person communication was also considerably reduced. Overall, staff interviewed felt that **the IRC managed to tackle these challenges by investing in remote communication and relying more on community structures**, such as community leaders, community-based volunteers, and VHTs. These were fundamental to share information, distribute items that clients needed and to also collect feedback to assess communities' needs and situations of increased vulnerability. **The IRC also adopted other and more creative ways to share information on Covid-19 prevention by using megaphones, radio talk shows and Boda Boda Broadcasts.**

Client Responsive Programming proved extremely useful in the context of the pandemic. By working on the rumour tracking programme, the IRC has learnt a key lesson on communication and messaging. **Not only does the IRC need to ensure that the message reaches the intended audience, but it also has to ensure that the message is interpreted correctly and that it can also be acted upon.** Thanks to the feedback collected through remote surveys and community structures, the IRC realised that information or items distributed during the pandemic had not reached everyone at the same time. **Client Responsiveness has been instrumental to identify gaps in the crisis response and to act on it by collecting further data on the problem and/or providing assistance where needed.**

Although the data collected was limited, the findings show that **Client Responsiveness is employed by IRC Uganda across different sectors.** While previous research suggested that usually clients are often engaged by humanitarian organisations during the needs assessment and monitoring phases, but left out from crucial decision-making processes,⁹⁴ this study shows that the IRC has made a deliberate effort to engage clients at different stages of projects. Although not consistently, the Health, PRoL and WPE programmes collect feedback at different stages of the project cycle, including the design phase, one of the most critical to shape programming.

If we consider the participation spectrum (share information, consult, involve, collaborate and empower), **programmes are at different levels of participation. There can also be variation within the same sector depending on timeframes that donors set for proposal submissions.** The block farming project managed by the ERD programme is the one that most closely seems to reach the 'collaboration' and 'empowerment' phases of clients' participation as the ERD team implements decision taken directly by clients. In general, most of the IRC Uganda programmes seem to achieve the 'consult' and 'involve' phase of public participation spectrum, but they may need additional support to achieve the 'collaboration' and 'empowerment' phases.



📷 Individuals are screened for Ebola symptoms at the IRC-run triage at the reception centre of Kyakall refugee settlement.
© The International Rescue Committee

Beyond some common challenges (e.g. constraints with financial and human resources), **each sector faces its own difficulties in implementing Client Responsiveness**. Future research may focus on specific sectors in more depth to capture strengths and weaknesses, and identify specific areas to target (e.g. resources, training, tools, practices).

During the pandemic, all the programmes and sectors considered made an effort to continue collecting feedback remotely from communities served, and to adapt and change programming when relevant. Crucially, adopting Client Responsiveness during the pandemic has stressed even more the **significance and importance of taking account of and giving account to affected populations' views**. **Client-responsive practices have been instrumental to identify the changing needs, priorities and risks during Covid-19**. Both in the emergency and crisis phase, or in the prolonged displacement situation, affected populations' needs change. In order to be relevant, appropriate, timely, efficient and effective, programming should constantly be adapted to meet those needs. Only a client-responsive humanitarian response can achieve this.

RECOMMENDATIONS FOR THE IRC AND HUMANITARIAN ORGANISATIONS

To help implement Client Responsive Programming and Accountability to Affected Populations (AAP), the IRC and humanitarian organisations should

- ➔ **Invest in community structures and channels for remote communication.** The pandemic has shown that while in-person communication is generally preferred by clients, remote communication can be used and increased in ordinary times too to speed up communications with communities. When dealing with clients who may not have access to phones or internet or when dealing with sensitive matters and protection issues, community leaders and volunteers can assist in the delivery of services, collection of feedback and assessment of needs;

- ➔ (Linked to the above) **extend training on Client Responsiveness to community leaders and volunteers** who assist in service delivery and communication with clients. Specific training may need to be developed to take into account their specific backgrounds, roles and responsibilities;
- ➔ **Ensure that communication with clients is effective** by collecting feedback to assess if the message has reached the intended audience, if the intended audience has interpreted the message correctly and has the ability to act upon it;
- ➔ **Make an effort to consult with clients before a new proposal on programming is submitted.** The pandemic showed that remote communications and the use of community structures have worked well especially for the identification of changing needs. It also showed that clients' needs can quickly change. If there is not enough lead-time to consult clients through surveys, interviews or FGDs beyond the review of previously collected feedback and reports, staff should at least consult community leaders and community-based volunteers.
- ➔ **Include Client Responsiveness training in onboarding and development plans** taking into account the specific strengths and weaknesses of staff working in particular sectors so that training can target the development of particular skills;
- ➔ **Include Client Responsiveness-related skills in all job descriptions**, at least in the list of 'desirable skills' and, possibly, in the 'essential' list;
- ➔ **Select and hire candidates by taking into account candidates' Client Responsiveness abilities** for all levels, from senior to most junior positions;
- ➔ **Resume, at the earliest opportunity, performance appraisals to include goals and professional development on Client Responsiveness which take into account feedback from communities.**

RECOMMENDATIONS TO FOSTER STAFF'S GREATER RECEPTIVITY TO CLIENT RESPONSIVENESS

In order to promote an organisational culture which can address some of the challenges faced in the implementation of Client Responsiveness, the IRC could

- ➔ **Create (if not already present)/strengthen (if already in place) support structures for staff.** Staff perceptions of Client Responsiveness, fears, and levels of stress greatly impact their ability to be client responsive. The IRC Uganda case study demonstrates the importance of staff socialisation, and collective and individual support. While such structures must be in place in ordinary times, humanitarian organisations should not lose sight of staff needs, levels of stress and wellbeing when dealing with an emergency or a crisis like a pandemic;

ENDNOTES

- ¹ Client Responsive Programming refers to measures to collect, analyse and respond to affected people's feedback and complaints, and supports their participation and engagement in project activities and decision-making processes. The term encompasses similar concepts and approaches used by organisations such as Accountability to Affected Populations (AAP) or Community Engagement and Accountability (CEA).
- ² The IRC uses the term 'client' because it believes that the people it serves "have a right and the power to decide what kind of aid and services they need and want." The term 'beneficiary' would have a more passive connotation as it implies that people receive aid and service, but cannot choose or influence programming. The IRC avoids the use of the term 'beneficiary' also because the term would also assume that people necessarily benefit from aid received without considering people's opinions on the quality, effectiveness or relevance of humanitarian programming. Only 'clients' can assess if they have benefitted from aid or not. See IRC (Undated) *Client responsiveness: introduction and FAQ*, available at <http://bit.ly/3vahUEb>.
- ³ Through **proactive feedback** (e.g. needs assessments, focus groups and satisfaction surveys), the IRC actively solicits feedback from clients by asking specific questions on programmes or activities, and broader questions on IRC services and programming. Usually, feedback obtained through this channel is easier to interpret and leads to specific solutions. With **reactive feedback** (e.g. suggestion boxes, hotlines or office walk-ins), instead, information gained is by nature open and unstructured. Often, this type of feedback is used by clients to report problems and issues with service delivery or needs not addressed by current programming. **Open feedback** is shared through staff and clients' interactions, including informal conversations and shares similar characteristics with reactive feedback channels.
- ⁴ See IAP2's Spectrum of Public Participation available at <https://bit.ly/3v7TjQg>.
- ⁵ Boda boda are motorcycles commonly used in Uganda. For IRC Boda Boda Broadcasts, riders drive slowly through the settlements playing a pre-recorded message, and stop at key service points (e.g. water point) to allow people to properly listen to messages and to provide feedback on programming, needs or concerns, which are then referred to the IRC.
- ⁶ For further discussions on accountability definitions see, among others, Davis, A. (2007) 'Concerning accountability of humanitarian action', *HPN Network Paper*, No. 5, 3; Tan, Y.S.A. and von Schreeb, J. (2015) 'Humanitarian Assistance and Accountability: What Are We Really Talking About?', *Prehospital and Disaster Medicine*, 30(3), 264-270; and Daun, J. (2020) 'Humanitarian accountability: a conceptual analysis', *RLI Working Paper*, No. 41, available at <http://bit.ly/2OesIWw>. On the crucial role of feedback mechanisms, see, among others, Jacobs, A. (2010) 'Creating the missing feedback loop', *IDS Bulletin* 41, 56-64, available at <https://bit.ly/30plFGj>; Anderson, M., Brown, D. and Jean, I. (2012) *Time to listen: Hearing people on the receiving end of international aid*, CDA Collaborative Learning Projects, Cambridge, available at <https://bit.ly/38o8V8u>; Bonino, F. with Jean, I. and Knox Clarke, P. (2014) *Humanitarian feedback mechanisms: research, evidence and guidance*, ALNAP Study. London: ALNAP/ODI. On the relevance of humanitarian response, see Swithern, S. (2019) *More Relevant? 10 ways to approach what people really need*, Background paper, ALNAP 32nd Annual Meeting, ALNAP, available at <http://bit.ly/3kY3EJl>.
- ⁷ CHS Alliance (2020) *Humanitarian Accountability Report. Are we making aid working better for people affected by crisis?*, CHS Alliance, Geneva; and CHS Alliance (2018) *How Change Happens in the Humanitarian Sector*, CHS Alliance, Geneva. See also Obrecht, A., Knox-Clarke, P., El-Kouhene, M., and Noyes, A. (2015) *WHS Effectiveness Theme Focal Issue Paper 5: Accountability*, ALNAP, available at <http://bit.ly/3v8bqFF>; and ALNAP (2018) *The State of the Humanitarian System*, ALNAP Study, London, ALNAP/ODI (Especially, Ch. On 'Accountability & Participation', 155-180).
- ⁸ IRC (2015) *IRC Strategy 2015-2020. Executive Summary*, January 2015.
- ⁹ The IRC uses the term 'client' because it believes that the people it serves "have a right and the power to decide what kind of aid and services they need and want." The term 'beneficiary' would have a more passive connotation as it implies that people receive aid and service but cannot choose or influence programming. The IRC avoids the use of the term 'beneficiary' also because the term would also assume that people necessarily benefit from aid received without considering people's opinions on the quality, effectiveness or relevance of humanitarian programming. Only 'clients' can assess if they have benefitted from aid or not. See IRC (Undated) *Client responsiveness: introduction and FAQ*, IRC, available at <https://bit.ly/3vahUEb>.

- ¹⁰ IRC (2018) *Client-Responsive Programming Framework. IRC's Approach to Accountable Programming*, Revised Version, April 2018; IRC (2019) *Client Responsiveness Measurement Framework*, March 2019; IRC (Undated) *Client responsiveness: introduction and FAQ*, available at <https://bit.ly/3vahUEb>.
- ¹¹ IRC (2019) *The IRC in Uganda. Country Programme Overview, 2019*; IRC (Undated) *Uganda crisis briefing*, available at <https://bit.ly/2PEaAQI>.
- ¹² The cut in cash and food rations was due to missed fundraising targets in the humanitarian response. See IRC Uganda (2020) *COVID-19 Response Overview*, July 2020.
- ¹³ IRC (2020) *COVID-19: Risk Communication and Community Engagement Guidance*, 13 March 2020.
- ¹⁴ IRC shared document and M&E data 'Client Responsiveness. West Nile Workshop – 2018'.
- ¹⁵ United Nations High Commissioner for Refugees (UNHCR) (2020) *Putting People First - UNHCR's Accountability to Affected People and COVID-19*, UNHCR, 11 May 2020, available at <http://bit.ly/2PHrw8V>.
- ¹⁶ The IAP2 Spectrum of Public Participation is an internationally recognised tool which includes five ways and actions through which institutions and organisations can engage the public: inform, consult, involve, collaborate and empower. These commitments and goals help assess the level of people's participation in decision-making processes affecting their lives. The 2018 IAP2 Spectrum of Public Participation is available at <https://bit.ly/3v7TjQg>.
- ¹⁷ Bonino, F. and Warner, A. (2014) *What makes feedback mechanisms work? Literature review to support an ALNAP-CDA action research into humanitarian feedback mechanisms*, ALNAP working paper, available at <http://bit.ly/3quKix8>.
- ¹⁸ During the calls the video option was not used. The video feature might have affected the connection and the conversation because the internet connection was not always strong and reliable.
- ¹⁹ See various IRC guidelines, such as IRC (2016) *Client-Responsiveness Programming Framework. IRC's Approach to Accountable Programming*, Beta Version, December 2016; IRC (2018) *Client-Responsive Programming Framework. IRC's Approach to Accountable Programming*, Revised Version; IRC (2019) *Client Responsiveness Measurement Framework*; IRC (undated) *IRC Client Responsiveness Introduction and FAQ*, available at <https://bit.ly/3vahUEb>; IRC (undated) *The Rapid Guide on Setting up Client Feedback Mechanisms*.
- ²⁰ Interview with Denis Eluk, PRoL Senior Protection Manager. See also the IAP2 Spectrum of Public Participation.
- ²¹ Through **proactive feedback** (e.g. needs assessments, focus groups and satisfaction surveys), the IRC actively solicits feedback from clients by asking specific questions on programmes or activities, and broader questions on IRC services and programming. Usually, feedback obtained through this channel is easier to interpret and leads to specific solutions. With **reactive feedback** (e.g. suggestion boxes, hotlines or office walk-ins), instead, information gained is by nature open and unstructured. Often, this type of feedback is used by clients to report problems and issues with services delivery or needs not addressed by current programming. **Open feedback** is shared through staff and clients' interactions, including informal conversations and shares similar characteristics with reactive feedback channels.
- ²² IRC (2018) *Client-Responsive Programming Framework. IRC's Approach to Accountable Programming*, Revised Version.
- ²³ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ²⁴ Bonino, F. and Warner, A. (2014) *What Makes Feedback Mechanisms Work? Literature review to support an ALNAP-CDA action research into humanitarian feedback mechanisms*.
- ²⁵ The system has been thought to make the humanitarian response more accountable. See Refugee Helpline Newsletter (2019) *Feedback Referral and Resolution Mechanism*, January and February 2019, Issue 1.
- ²⁶ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ²⁷ Interviews with Denis Eluk, PRoL Senior Protection Manager; Flavia Aber, Deputy Health Coordinator; and Florence Nassali, Deputy WPE Coordinator.
- ²⁸ The Refugee Welfare Council (RWC) is made of elected refugee leaders within refugee communities and settlements. Members of the council are points of reference for refugees and play a key role in the implementation of the humanitarian response. In doing this, they are supported by the Office of the Prime Minister (OPM) and the UNHCR.
- ²⁹ Interviews with Florence Nassali, Deputy WPE Coordinator; Denis Eluk, PRoL Senior Protection Manager; and Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ³⁰ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ³¹ Interview with Flavia Aber, Deputy Health Coordinator.
- ³² Interview with Denis Eluk, PRoL Senior Protection Manager.
- ³³ Interview with Florence Nassali, Deputy WPE Coordinator. See also, IRC Uganda (2020) *COVID-19 Response Overview*, July.
- ³⁴ Interview with Denis Eluk, PRoL Senior Protection Manager.

- ³⁵ Interview with Flavia Aber, Deputy Health Coordinator.
- ³⁶ Interview with Florence Nassali, Deputy WPE Coordinator. See also IRC (2020) 'How is the coronavirus impacting domestic violence?', IRC, 27 May 2020, <https://bit.ly/30sDKEw>
- ³⁷ Interview with Florence Nassali, Deputy WPE Coordinator.
- ³⁸ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ³⁹ Interview with Flavia Aber, Deputy Health Coordinator.
- ⁴⁰ Boda boda are motorcycles commonly used in Uganda.
- ⁴¹ Interview with Flavia Aber, Deputy Health Coordinator.
- ⁴² Ibid.
- ⁴³ Interviews with different members of staff. Also see IRC (2020) *COVID-19 Information Access and Feedback Assessment Report*, Monitoring and Evaluation Unit, IRC Uganda, May 2020
- ⁴⁴ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁴⁵ Ibid. and interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁴⁶ IRC (2020) 'COVID-19 Information Access and Feedback Assessment Report', Monitoring and Evaluation Unit, IRC Uganda, May 2020.
- ⁴⁷ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁴⁸ Ibid.
- ⁴⁹ Interview with Flavia Aber, Deputy Health Coordinator.
- ⁵⁰ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁵¹ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁵² Interview with Florence Nassali, Deputy WPE Coordinator.
- ⁵³ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning. See also IRC (2020) *COVID-19 Stories from Uganda: Block Farming*, IRC Uganda.
- ⁵⁴ During the pandemic, the different sectors maintained two-way communications open with clients. Remote assessments, surveys and audits were undertaken by phoning selected direct and intended clients as well as community leaders (e.g. RWCs) and community-based volunteers. Community leaders and volunteers, in particular, were provided with additional airtime to facilitate the communication with the IRC to report on communities' changing needs and priorities, protection issues, or any feedback in relation to service delivery and programming. For urban refugees, clients were directly contacted by the IRC through phone calls.
- ⁵⁵ As Denis Eluk, PRoL Senior Protection Manager, reported, in Kampala, usually, refugees' needs pivot around legal assistance and access to justice. This means that in ordinary times justice staff outnumber protection staff. In the context of the pandemic, however, the needs changed and clients needed more protection than legal services. Based on their feedback, the ratio of justice and protection staff was amended.
- ⁵⁶ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁵⁷ As Flavia Aber, Deputy Health Coordinator, explained, in this case, while abiding by lockdown and social distancing regulations, IRC staff discussed with clients in waiting areas of health facilities their needs and concerns. It is worth reminding that during the pandemic, the IRC could not organise community meetings, but still managed to maintain two-way communications with clients through community structures, such as community leaders and community-based volunteers. The IRC engaged the leaders and volunteers for risk communication activities, to undertake remote needs assessments and audits and to collect feedback on service delivery and programming. In particular, home visits by the VHTs were instrumental to provide clients with services and to discuss any needs or concerns. After the home visits, VHTs reported any issue or feedback to the IRC.
- ⁵⁸ Interview with Flavia Aber, Deputy Health Coordinator.
- ⁵⁹ Ibid.
- ⁶⁰ While initial remote assessments through phone interviews with selected clients was instrumental to detect changing needs and risks, ongoing remote communication with clients, community leaders, volunteers and women's groups was important to maintain the two-way communication open. These channels were essential to keep on running needs assessment, detect protection issues, and collect feedback from clients.
- ⁶¹ Interview with Florence Nassali, Deputy WPE Coordinator.
- ⁶² Ibid.
- ⁶³ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁶⁴ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.

- ⁶⁵ Interview with Denis Eluk, PRoL Senior Protection Manager and with Rick Bartoldus, Programme Coordinator for Quality and Learning. See also IRC (2020) *COVID-19 Information Access and Feedback Assessment Report*, Monitoring and Evaluation Unit, IRC Uganda, May 2020. As part of its Grand Bargain commitments to ensure that people affected by crises can influence humanitarian responses, the Red Cross of the Democratic Republic of Congo (DRC), with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), has adopted a 'real-time community feedback mechanism' during the Ebola outbreak in DRC. On this see Inter-Agency Standing Committee (IASC) (2020) 'The Grand Bargain in Practice: IFRC improving responses through community feedback data', IASC, 31 March 2020, available at <http://bit.ly/3eo42Ai>.
- ⁶⁶ Ibid.
- ⁶⁷ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁶⁸ Interview with Florence Nassali, Deputy WPE Coordinator.
- ⁶⁹ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁷⁰ Interview with Florence Nassali, Deputy WPE Coordinator and Rick Bartoldus, Programme Coordinator for Quality and Learning. See also IRC (Undated) *Guidance to Present, Interpret and Respond to Client Feedback*; and Bonino, F., Jean, I. and Knox Clarke, P. (2014) *Closing the Loop – Practitioner guidance on effective feedback mechanisms in humanitarian contexts*, ALNAP-CDA Guidance. London: ALNAP/ODI, available at <http://bit.ly/3cap6ay>.
- ⁷¹ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁷² Ibid.
- ⁷³ Interview with Flavia Aber, Deputy Health Coordinator.
- ⁷⁴ Ibid.
- ⁷⁵ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁷⁶ Various interviews with participants. See also, Knox Clarke P. and Darcy, J. (2014) *Insufficient Evidence*, ALNAP 2014, available at <https://bit.ly/2OyNPx5> and IRC (2017) *Designing for a change in perspectives. Embracing Client Perspectives in Humanitarian Project Design*, IRC, October 2017, available at <http://bit.ly/2N0Mxuv>.
- ⁷⁷ Interview with Flavia Aber, Deputy Health Coordinator.
- ⁷⁸ Interview with Florence Nassali, Deputy WPE Coordinator and IRC (2017) *Designing for a change in perspectives*.
- ⁷⁹ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁸⁰ Ibid.
- ⁸¹ Interview with Florence Nassali, Deputy WPE Coordinator.
- ⁸² Interview with Denis Eluk, PRoL Senior Protection Manager, and Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁸³ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁸⁴ Ibid.
- ⁸⁵ Interview with Florence Nassali, Deputy WPE Coordinator.
- ⁸⁶ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁸⁷ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁸⁸ On the training of managers, see IRC (2017) *Designing for a change in perspectives*; IRC (2019) *A Guide for Client Responsive Staff Management*, March 2019; and Bennett, S., Cechvala, S., Harris, A. (2018) *Feedback to Action: Strategies to improve the use of feedback in programmatic decision-making*, conducted and prepared in partnership with the International Rescue Committee, CDA Collaborative and University College London, available at <https://bit.ly/3kVULAC>.
- ⁸⁹ Ibid.
- ⁹⁰ IRC (2019) *A Guide for Client Responsive Staff Management*, IRC, March 2019.
- ⁹¹ Interview with Rick Bartoldus, Programme Coordinator for Quality and Learning.
- ⁹² Ibid.
- ⁹³ Interview with Denis Eluk, PRoL Senior Protection Manager.
- ⁹⁴ IRC (2017) *Designing for a change in perspectives*.



REFUGEE LAW
INITIATIVE

SCHOOL OF
ADVANCED STUDY
UNIVERSITY
OF LONDON

